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ABSTRACT

A description is provided of "Patient Education for Nurses," a required course for second-year nursing students which focuses on the assessment of the learning needs of adults, and the planning and and implemention of formal patient education. First, general information on the significance of the course and its place in the School of Nursing curriculum is presented. Following a glossary of terms, short- and and long-range objectives for the course are enumerated, and required and recommended texts and general references are listed. Next, descriptions are provided for the course's 10 units, including a statement of unit goals and related objectives, and a list of reading assignments. The units cover: (1) Learning Theories/Domains; (2) Teaching Theory; (3) Assessing Learning Needs and Patient Readiness to Learn; (4) Goals and Objectives; (5) The Patient Education Process; (6) Writing a Teaching Plan and Documenting the Process; (7) Teaching Tools; (8) Evaluation of Patient Teaching; (9) The Patient Education Process for Patients with Special Needs; and (10) Implementation of the Patient Teaching Process. Finally, procedures for evaluating nursing students' achievement in the course are outlined. An appendix contains class handouts related to the units. (MPH)

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PATIENT EDUCATION FOR NURSES: NURSING 200A

MAUREEN HIRSCH

DECEMBER 4, 1985

EDUCATION 431 B

UNIVERSITY OF CALIFORNIA AT LOS ANGELES

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NURSING 200 A

PATIENT EDUCATION FOR NURSES

MAUREEN HIRSCH

LOS ANGELES VALLEY COLLEGE: SCHOOL OF NURSING

DECEMBER 4, 1985

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Nurses have multiple roles in the health care delivery system. Patient education is mandated by the Nurse Practice Act in the State of California. Nurses are accountable for providing and documenting the Patient Education Process.

This course is designed to introduce second year students to assessing the learning needs of the adult learner. Workable teaching plans will be developed by the students for patients experiencing alterations along the illness-wellness continuum.

This is a 40 hour, 4 unit course. Students must be enrolled in the School of Nursing. It is a required course for second year students in the School of Nursing.

This course shares a semester block of time with a 2 unit course on Nursing Diagnosis. Second year students take the course either at the begining or the end of the semester.

It is expected that enrollees will have little or no previous exposure to planning formal Patient Education experiences for patients.

Enrollment will be limited to 25. It is expected that two to three students will drop out of this course, possibly related to employment or scheduling conflicts.

Material will be presented in four hour units over ten weeks. Each unit has a set of goals and objectives specific to the material in the unit. Material may be presented via lecture, video cassettes, guest speakers and in-class workshops.

This course may be accepted for academic credit at

California State University at Los Angeles. Comparable course entitled: "Health Teaching for Professional Nurses".

GLOSSARY

This glossary is not exhaustive of the terminology in patient education. Please, when new terms come up, define them and add to your list.

ADULT LEARNING THEORY: This theory provides perspectives of how adults organize learning tasks in their lives, how they use previous learning and how changes in their perspectives promote new motivations and consolidation of learning.

ASSESSMENT: The process of determining what learning needs are present for a given patient.

BEHAVIORAL LEARNING THEORY: re-inforcement theory of learning.

COGNITIVE LEARNING THEORY: Information processing; problem solving and the construction of meaning.

COMPLIANCE: The extent to which the individual understands his illness or risk of illness and adherence to health instruction, also the degree to which he is a participant and decision maker.

COUNSELLING: The primary focus of the intervention is related to emotions. Goals are set by the patient.

DEFINING CHARACTERISTICS OF OBJECTIVES:

Peformance: what the learner is to do

Conditions: under which performance is to occur.

Criteria: How well the learner must perform

DOMAINS OF LEARNING: Cognitive: knowledge & understanding
Psychomotor: skills or dexterity
Affective: attitudes & emotions

PATIENT EDUCATION: The process of helping someone to learn through planned sequences of teaching and supportive activity. (Redman)

PATIENT TEACHING: An interpersonal intervention that uses a stimulus already in the environment or create a new one to help the patient develop a new thought, skill, attitude or intention that is permanent enough to be useful in behavior change. May be used interchangeably with PATIENT EDUCATION. Goals may be set by the nurse in terms of content, and validated with the patient. (Redman)

COURSE OBJECTIVES

The community college educates students in the nursing school to be competent Registered Nurses. Role expectations for the nurse who graduates from a community college are the same as for graduates from other programs. Patient teaching is a critical element in the Nursing Process and as such must be taught in the program. Graduates will be expected to do patient teaching, and it is the mission of this institution to prepare students to fill all aspects of the role of the Professional Nurse.

Upon completion of this course, the student will be able to:

1. Recognize and apply current theories of teaching and learning
2. Interview an individual or family to identify a health related need.
3. Recognize the influence that cultural, value and belief systems have on the patient teaching process.
4. Develop and implement a teaching plan that is learner-centered and includes: identification of learning needs, goals, objectives, content, media and plan for evaluation.
5. Develop and implement a learner-centered teaching plan for the individual who has special needs, such as a sensory deficit.

LONG RANGE OBJECTIVE

The long range objective of this course is to inspire students through this introductory course to be proactive patient

educators, to share their enthusiasm and knowledge with patients and to become life-long learners themselves.

TEXTS

REQUIRED: Redman, Barbara Klug *The Process of Patient Education*, 5th Ed., St Louis, Mo.: CV Mosby, 1984.

Mager, Robert F. *Preparing Instructional Objectives*, Rev 2nd Ed., Belmont, Ca; Pitman Learning, Inc. 1984.

GENERAL REFERENCES

RECOMMENDED: Kemp, Jerrold, *Instructional Design*, 2nd ED, Belmont, Ca. Fearon Press, 1977

Enelow & Swisher. *Interviewing and Patient Care* New York, Oxford Press, 1972

ADDITIONAL READINGS MAY BE ASSIGNED ON A PER UNIT BASIS. THOSE READINGS ARE ON RESERVE IN THE LIBRARY.

Date Due-----

UNIT 1

LEARNING THEORIES/DOMAINS

Learning theory draws heavily from psychological theory. There are three major groups of theorists who have influenced learning theory, the psychological groups, Behaviorists and the self-actualizationists. Nurses must be able to select an approach based on a patient assessment that will not conflict with the individual's learning style.

When selecting a teaching intervention, the nurse must also be able to select learning experiences that utilize the appropriate domain of learning.

GOAL I: THE NURSE WILL RECOGNIZE THE MAJOR ELEMENTS OF THE LEARNING THEORIES AND THEIR PRINCIPAL ADVOCATES

OBJECTIVE: 1. Given a list of 10 theorists, the student will match the theorist with an element of his theory with 95% accuracy

Sample: Pavlov.....Operant Conditioning

2. Given a case study, at home, the student will identify which theory was operationalized. In 150-200 words, justify your selection.

Case Study in Appendix.

GOAL II: THE STUDENT WILL BE ABLE TO RELATE THE THREE DOMAINS OF LEARNING TO TYPES OF MATERIAL PRESENTED.

3. In class, given 25 statements the student will assign each to the cognitive, affective or psychomotor domain with 90% accuracy.

Sample: The patient has been taught to walk with crutches.....psychomotor.

4. The student will write outside of class a 150-200 word paper that describes the importance of patient education in nursing practice.

UNIT I

READINGS

OBJECTIVE I: Redman, Chapters 1,2.

Review of Theorists: Coleman, James. Abnormal Psychology and Modern Life. (pp57-679 4th Ed., 1972

OBJECTIVE II: Redman, Chapter 5

Glazer-Walman, H, Hall, K and Weinir "Patient Education in a Public Hospital" Nursing Research. May/June 1985 Vol 34 No3.

APPENDIX: Principles of learning.

Principles of the adult learner.

Case Study, Objective 2 with sample

Date Due-----

UNIT 2

TEACHING THEORY

Mager on Teaching: "if telling were the same as teaching, we'd all be so smart we could hardly stand it."

This introduction to the theory of teaching is designed to assist the student to recognize the unique aspects of individuals as learners when faced with a learning need while ill. When teaching patients, nurses must be aware of factors that may influence learning. The nurse may teach health promotion, maintenance or specific topics related to a knowledge deficit secondary to a disease process. This unit also examines the needs of the adult learner.

GOAL I: THE STUDENT WILL RECOGNIZE AND APPLY THEORIES OF TEACHING AND LEARNING WHICH HAVE IMPLICATION FOR THE PROFESSIONAL NURSE WHEN TEACHING LAY PERSONS.

OBJECTIVE: 1. In class, when given a list of twenty definitional statements, the student will assign them to a learning, teaching or adult learner category.

Sample: Perception is the process by which the individual, through his senses, is aware of

his environment.....LEARNING PRNCIPLE

GOAL II. THE STUDENT WILL BE ABLE TO EXPLAIN HOW VARIABLES SUCH AS CULTURAL BELIEFS AND VALUE SYSTEMS MAY AFFECT THE TEACHING/LEARNING PROCESS.

OBJECTIVE: 2. The student will interview a patient, on audio tape, in the health care setting. The interviewer should attempt to elicit, using appropriate interviewing techniques, what the learner's beliefs are about maintaining a satisfactory health status. This is to be turned in to the instructor.

3. In writing, discuss the bio-psycho-social, cultural and environmental factors that might influence construction of a Teaching Plan. Include variables such as age, sex, illness, pain, fear and medications. Use the patient interview in Objective 2 to write a 3-4 page paper to be turned in with the tape.

UNIT 2

READINGS

OBJECTIVE 1,2: Redman, Chapter 6

Enelow & Swisher, Interviewing & Patient Care Chapter 6

APPENDIX: Teaching Principles

Date Due-----

Unit 3

ASSESSING LEARNING NEEDS AND PATIENT READINESS TO LEARN

In order to facilitate the efficiency and success of the patient education process, the nurse must assess the patient to determine what his learning needs are and whether the patient is ready for the teaching session. The nurse must determine whether a given set of goals is attainable with the individual patient and whether she is able to teach the content necessary for the patient to attain those goals. The nurse must also be aware of the resources available to her for the teaching/learning process. The nurse must also develop skill in gathering and validating information when determining the patient's learning readiness.

GOAL I: THE NURSE WILL UNDERSTAND THE TWO DIMENSIONS OF READINESS TO LEARN IE: EMOTIONAL READINESS (MOTIVATION), AND EXPERIENTIAL READINES.

OBJECTIVE: 1. Outside of class, design a questionnaire to be used when a patient is admitted to a nursing unit to elicit the patient's readiness to learn. It should be one page in length, and contain the 5 major items you believe are necessary to determine readiness to learn.

2. A. In class, 4 groups of three students will

Role Play an interview, using interview techniques described in the text. One member will be the interviewer, one the patient and one a family member. Each group will be assigned a patient with a diagnosis such as a newly diagnosed diabetes. The interviewer will assess the patient for one learning need and determine whether that patient and family are ready for patient teaching.

OR

B. Write, outside of class a patient assessment using the interview tool from Objective 1. Include two learning needs or potential learning needs and your assessment of the patient's readiness to learn.

Assignment to Group A or B will be done in class.

3. The student will list in class six variables that influence determination of learning needs with 100 % accuracy.
4. In class, the student will identify four patient behaviors that indicate a readiness to learn, in class, in writing.

GOAL II: THE STUDENT WILL BE ABLE TO DIFFERENTIATE CONCRETE, CONCEPTUAL AND ABSTRACT THINKING/LEARNING CONCEPTS.

5. Given a specific topic, in a paper of 3-5 pages, present that topic concretely, abstractly and conceptually.

Sample: Measurement of Blood Pressure

UNIT 3

READINGS

OBJECTIVES 1,3,4,5 Redman, Chapter 3

OBJECTIVE 2 : Enelow, Interviewing and Patient Care, Chapter 3 Basic Interviewing techniques.

Date Due-----

UNIT 4

GOALS AND OBJECTIVES

Mager on Objectives: "If you're not sure where you're going, you're liable to end up somewhere else."

In health teaching, the goals and objectives set are behaviors that are the desired outcome of the learning process. They are determined by the nurse and the patient together, although the nurse may have a preset goal regarding the content that needs to be covered in the learning process. They are based on the patient's health and social state as well as ability to learn. Poorly defined goals lead to confusion in the Teaching/Learning Process.

GOAL I: THE STUDENT WILL BE ABLE TO APPLY BLOOM'S TAXONOMIC FRAMEWORK WHEN WRITING GOALS AND OBJECTIVES.

OBJECTIVE: 1. In class, given a list of 15 Behavioral Objectives the student will identify whether the objective is indicative of the cognitive, affective or psychomotor domain with 90% accuracy.

2. Given the same list, the student will justify in 25 words or less why the domain was selected with 90% accuracy.

Sample: After the teaching session, the patient

will list the 5 serious side effects of the newly prescribed medication.

Response: Cognitive, Level I, requires factual recall.

GOAL II: THE STUDENT WILL BE ABLE TO WRITE GOALS AND OBJECTIVES SPECIFIC TO THE HEALTH TEACHING PROCESS.

OBJECTIVE: 3. Given a list of 10 statements, in class, identify the reasons that they fail to meet criteria for specific objectives with 100% accuracy.

Sample: Be able to know well the signs and symptoms of hypoglycemia.

4. Given the same list of statements, rewrite, in class so that they meet the criteria for objectives, with 100 % accuracy.

GOAL III: THE STUDENT WILL BE ABLE TO APPLY KNOWLEDGE OF GOALS AND OBJECTIVES IN THE HEALTH CARE SETTING

5. The class will be divided into four groups

Group A: will develop a goal and two objectives for a lay individual.

Group B: will do the same for a family.

Group C: will do the same for a collegue

Group D: will do the same for a lay class

These goals and objectives will be presented

to the class for discussion of appropriateness of the objectives for the specific learner. Subject matter to be dedermined by the group, but must be health related.

UNIT 4

READINGS

OBJECTIVES 1-5 Redman, Chapter 4

Mager, Preparing Instructional Objectives (Programmed Learning Text.)

Date Due------

UNIT 5

THE PATIENT EDUCATION PROCESS

The teaching/learning process is a dimension of the Nursing Process. The steps of assessment, planning, intervention and evaluation in the nursing process are analagous to steps taken in the patient education process. Directing the focus of the nurse to the principles of teaching and learning, the nurse will facilitate incorporation of patient education into clinical practice.

GOAL I: THE STUDENT WILL INTEGRATE THE STEPS OF THE PATIENT EDUCATION PROCESS INTO THE NURSING PROCESS.

OBJECTIVE: 1. Given a list of the elements of Nursing Process and Patient Teaching, the student will, in class, match each step and write a 25 word example of each step with 100% accuracy.

GOAL II: THE STUDENT WILL DESCRIBE THE CONCEPT OF ENTERING BEHAVIOR AND ITS' RELATIONSHIP TO TEACHING/LEARNING INCLUDING, READINESS, LEARNING STYLES, ABLILITIES, AND LEARNER PERSONALITY.

2. In a health care setting, identify a patient with a health care learning need. Write a 4-

6 page description of the individual. Identify a learning need and validate why it is a learning need. Describe the patient's readiness to learn and how you would approach the patient based on your assessment of learning style, ability and personality.

3. Label the parts of the patient teaching process on page 20 in the Redman text. Use Study question number 2 for the case study. Be prepared to discuss in class.

UNIT 5

READINGS

OBJECTIVES 1-3 Redman, Chapter 8,10

APPENDIX: Stanton, M. "Teaching Patients: Some Basic Lessons for Nurse Educators" Nursing Management,Oct 1985

Date Due-----

UNIT 6

WRITING A TEACHING PLAN AND DOCUMENTING THE PROCESS

A formal teaching plan should be written for all but the most incidental teaching interventions. A teaching plan forces the teacher to examine the relationships between learner receptivity, goals, objectives, content and methods.

Documentation of the patient education process is a critical element for the nurse doing patient teaching. The chart is a legal document and should reflect an accurate record of the patient's progress and response to interventions. Nurses must be able to document the patient teaching intervention, and the patient's response.

GOAL I: THE NURSE WILL BE ABLE TO WRITE A FORMAL TEACHING PLAN

OBJECTIVE: 1. Outside of class, the student will construct a learner-centered teaching plan that includes: the learner as an individual, identified learning need (s), goals, objectives, content, teaching methodology, and a means of evaluating the learning and the effectiveness of the teaching. This plan must relate to a health care learning need.

Sample teaching Plan in Appendix

2. In class, the student will list 5 elements of

a formal teaching plan as described in Redman, pp 183-84 with 100% accuracy.

GOAL II: THE NURSE WILL BE ABLE TO DOCUMENT ON THE NURSES NOTES OR PATIENT EDUCATION PROGRESS RECORD THE PATIENT EDUCATION PROCESS

OBJECTIVE: 3. Using the teaching plan in objective 1, do the teaching and document the Patient Education Process in the patient record. Bring the completed documentation to class for a 10"verbal presentation to the class.

UNIT 6

READINGS

OBJECTIVE 1 : Redman, Chapter 8

OBJECTIVE 2,3: Appendix= Teaching Plan Sample
Creighton,H. "Legal Implications of the DRG'S" Nursing Management, May, 1985

Date Due-----

UNIT 7

TEACHING TOOLS

The nurse who undertakes the role of patient educator must make herself aware of the types of instructional media available. In this uncertain economic climate, money for teaching tools may be limited. The nurse is forced to improvise and create tools as well as to utilize community resources for patient education materials. The nurse must also learn how to spend the shrinking health care dollar in order o that purchases will effectively meet the needs of the patient population served.

GOAL I: THE STUDENT WILL BE ABLE TO SELECT THE APPROPRIATE MEDIA FOR THE LEARNER CENTERED PATIENT TEACHING PLAN.

OBJECTIVE 1: Given a list of 15 learner characteristics, the student will fill the appropriate media for instruction with 80% accuracy. This will be done in class.

Sample: A new mother needs to learn how to bathe her infant.

An appropriate media would be a model(doll) to be used for demonstration and return demonstration.

2. Outside class, the student will produce an

Audio-Visual aide to assist in teaching an aspect of health care chosen by the student. To be presented in class.

Example: Poster, model, diagram.

GOAL II: THE NURSE WILL BE ABLE TO SCREEN MATERIALS FOR APPROPRIATENESS TO PATIENT EDUCATION PROGRAM.

OBJECTIVE: 3. Outside of class, visit the Education Department of a local hospital. Determine how materials are selected and purchased, who buys them, how often, who uses them. Is there a formal patient teaching program? Who does the teaching and is it related to specific disease categories, eg: diabetes.? Write a 3-4 page account of your visit, and be prepared to present your findings verbally in class.

UNIT 7

READINGS

OBJECTIVE 1: Redman, Chapter 7

Date Due-----

UNIT 8

EVALUATION OF PATIENT TEACHING

When the teacher is using clearly defined goals and objectives in the teaching plan, evaluation is the process that flows from those objectives. Evaluation is the process by which "something" is judged. That something in Patient Education is usually the teaching and learning of a particular patient. Evaluation can re-inforce positive behavior, re-direct incorrect behavior and assist teachers in determining the adequacy of their instruction, as well as what future goals for instruction may be for the patient or family.

GOAL I: THE STUDENT WILL BE ABLE TO RECOGNIZE APPROPRIATE MEASUREMENT TECHNIQUES FOR THE THREE DOMAINS OF LEARNING.

OBJECTIVE 1: Given three test items in each of the three domains of learning, the student will, in class identify the domain being tested, with 100% accuracy.

Sample: The hospital is by law required to use isolation techniques for certain diseases.

Response: Cognitive, Level 1

GOAL II: THE STUDENT WILL UNDERSTAND THE PROCESS OF

INTERPRETATION AND RE-PLANNING IN ORDER TO
EVALUATE THE LEARNING OF AN INDIVIDUAL

OBJECTIVE: 2. Using a Decision Tree, as described in class, Outline the steps you would take when evaluating a patient teaching intervention, in writing outside class time.

3. In class, the student will list with 90% accuracy possible sources of errors that may have occurred in the patient teaching process when it has been determined that goals have not been met.

Sample: The goals were not clearly understood by the teacher and learner.

GOAL III: THE STUDENT WILL RECOGNIZE THAT EVALUATION GOES BEYOND MEASUREMENT IN THAT IT INVOLVES A VALUE JUDGEMENT RELATED TO TEACHING AND LEARNING.

OBJECTIVE: 4. List, in class, the 5 steps you will take to evaluate your health teaching and write a 25 word statement about each.

5. After viewing the videotape in the library, out side class, write a 3-5 page paper describing patient teaching intervention observed. Include: presence of a teaching plan based on mutually agreeable learning goals? Were

objectives clear, complete and measureable? Did the teacher establish rapport with the patient? Were environmental factors controlled? Did the teacher document clearly on the medical record and communicate with the physician? Is the evaluation plan complete? What would you do differently?

UNIT 8

READINGS

OBJECTIVE 1,3,4: Redman, Chapter 9

Brunner & Suddarth Textbook of Medical-Surgical Nursing, 5th Ed, Lippincott, Phila.1984 pg 36

Nichols/Day. Pearls for Nursing Practice. Lippincott, Phila,1979

Date Due-----

UNIT 9

THE PATIENT EDUCATION PROCESS FOR PATIENTS WITH SPECIAL NEEDS

The nurse will not often find the "perfect" patient to teach, as they come in all sizes, shapes and needs. The nurse must feel comfortable with the Patient Education Process and use it daily to maintain a level of skill. When the patient with special needs arrives on the unit, the competent patient educator will adapt the media and presentation methods of education to the learning needs of the patient.

GOAL: THE STUDENT WILL BE ABLE TO ADAPT THE PATIENT EDUCATION PROCESS FOR PATIENTS WHO HAVE SENSORY IMPAIRMENT.

OBJECTIVE 1A: In class, students will be divided into 6 groups of 2.
1 student will be the teacher in each dyad.
1 student will be the learner experiencing a sensory deficit such as deafness, blindness or a developmental disability.
The teacher in the group will teach the learner a short, 5 minute health related fact or skill.
The class will discuss.

OR

B: Outside of class, write a 2-4 page paper on teaching a sensory impaired individual, using

compensatory methodology

Assignment to Group A or B will be done in class preceeding Unit 9.

GOAL II: THE STUDENT WILL BE ABLE TO ADAPT MATERIAL TAUGHT IN THE HOSPITAL FOR HOME USE.

OBJECTIVE 2: The student will adapt for home use the teaching of aseptic technique, in a 1-2 page paper done outside of class.

Case: A 42 year old man, with tibial non-union and osteomyelitis requires sterile dressings to his leg daily. He lives alone in a trailer.

UNIT 9

READING

OBJECTIVE 1 & 2 Redman, Chapter 4

Date Due-----

UNIT 10

IMPLEMENTATION OF THE PATIENT TEACHING PROCESS

Patient teaching has long been included in the scope of practice for nursing. Nurses, however, when told that they had to teach patients were resistent for a variety of reasons, including a perceived lack of skill in the process. Nurses are seeking the information that they need to be active, contributing members of Patient Education Committees. This unit looks at Patient Eduation Programs and the role of the nurse in them.

GOAL I: THE STUDENT WILL BE AN ACTIVE PARTICIPANT IN THE PATIENT EDUCATION PROCESS.

OBJECTIVE 1: The class will come prepared to discuss Round-Table Style the development of a Patient Teaching Program in a health care setting. The discussion will address issues such as how to organize a patient education program, the politics of the plan, implementing and evaluating the plan at 3 months, 6months and one year and revision of the plan. At the conclusion of this discussion, students will begin to see themselves as advocates of patient education by writing in class, a 3 page outline of the steps they would take to develop

a patient teaching program and why that program would be important to the patient, nurse and facility.

UNIT 10

READINGS

Redman, Chapter 10 & 11

STUDENT EVALUATION.

The student will be graded on how successfully the criterion referenced objectives, written papers and two graded exams have been met. Unless otherwise stated, exams are given under the usual exam conditions.

There are 14 criterion-based objectives. There are 18 objectives that require papers, activities and projects that may be done in or out of class. There are two graded activities that require synthesis of information: Unit 6 Objective 1 and Unit 10, Objective 1.

The Objectives are 60% of the total grade

Papers/Activities are 20% of the total grade.

Graded Papers are 20% of the total grade.

90-100= A

80-89 = B

70-79 = C

60-69 = D

It is the belief off the instructor that when students know what is expected in a course, they are most likely to be succesful, therrefore, I would anticipate that 70% of the students in the course will attain a B or better in the course.

Second year students who fail the course must repeat it.

Course revisions will be handled through the curriculum committtee in the school of nursing. This is a new course. Student and faculty evaluations will be requested and analyzed regularly. Re-inforcement of the student's new skills will be done by the faculty in the clinical area.

APPENDIX

ELEVEN PRINCIPLES OF LEARNING

1. Perception is required for learning. Perception is the process by which the individual, through his senses, is aware of his environment.

2. Motivation is necessary for learning. Motivation is a force, or drive, which leads the learner to acquire knowledge or skill.

3. Physical and mental readiness are necessary for learning. Readiness refers to the ability of the learner to master new skills and knowledge.

4. Learning is based on existing knowledge. Learning complex ideas and skills requires a knowledge of simpler ideas and skills.

5. Conditioning is a learning process. In conditioning, the learner is taught a particular response to a specific stimulus.

6. Trial and error is a learning process. The learner tries random responses to a situation until the appropriate response is achieved.

7. Imitation is a learning process. It is conscious or unconscious acquisition of skills, attitudes or knowledge gained by imitating another person.

8. The formation of concepts, or conceptualization, is a learning process. Conceptualization is a process of developing meaningful thoughts or ideas.

9. Active participation is required for learning. Active participation may involve the senses, the intellect, and the body.

10. Repitition strengthens learning. The amount of repitition needed for learning varies according to the abilities of the learner and the nature of the learning.

11. Satisfaction strengthens learning. Satisfaction is an internal feeling, such as accomplishment, which may be increased by external sources.

PRINCIPLES OF ADULT LEARNING

1. Learning depends on the learner's awareness of his own capacities.
2. Previous adult learning tends to affect new learning.
3. Adult learners need motivation.
4. Adult learning depends on the effective use of learning skills.
5. Adults experience a decline in physical powers.
6. Stress reduces the learning performance of adults.
7. As people grow older, they tend to become more rigid in their viewpoints.

NINE PRINCIPLES OF TEACHING

1. Teaching principle one: Identify learning needs. Coherent and relevant teaching can take place when the learner's needs are identified.

2. Teaching principle two: Formulate objectives. Objectives are the foundation of an effective teaching plan and a guide for evaluation.

3. Teaching principle three: Evaluate teaching effectiveness. Teaching effectiveness and learning progress are evaluated in terms of the stated objectives.

4. Teaching principle four: Communicate effectively. Communication is necessary for the exchange of information and ideas between teacher and learner.

5. Teaching principle five: Develop rapport. Rapport is needed to establish a comfortable, cooperative relationship between teacher and learner.

6. Teaching principle six: Plan time for teaching. Specific time is set aside to be certain that teaching is organized and included in a busy schedule.

7. Teaching principle seven: Establish an appropriate environment. Effective teaching requires a controlled environment.

8. Teaching principle eight: Apply the learning principles. The use of learning principles in the learning experience contributes to a more successful teaching outcome.

9. Teaching principle nine: Practice nine: Practice teaching skills. Anyone can become a more effective teacher by working to improve her teaching skills.

CASE 1

Susie is 32 years old, and her left breast was removed (modified mastectomy) 3 months ago. She had two positive lymph nodes, recovered from surgery without infection, returned home to her family, and is on sick leave from work. Her family consists of a husband and two small children, a boy 5 years old and a girl 5 months old. Susie was born and grew up in the Midwest. She married her college sweetheart after they graduated from college, and they moved to the coast soon afterwards. Susie and her husband remain close to Susie's family. Susie has enjoyed bringing her son "home" to play with his grandparents every year. She and her husband are Catholic and are involved to their local community. Susie has friends who she values, and she works with most of them. She is concerned that she is her husband's best and only friend and believes that he needs to have some other good friends. She and her husband adore their children and family life together. Susie feels that she approaches problems straight on and makes good decisions and that her greatest stress is juggling the roles of wife, woman, professional, and mother. Susie does reflect with great regret that "We had just gotten it all together, and then this cancer came along." Susie pursued graduate education in nursing. She has worked as a faculty member at a school of nursing. She is now pursuing an advanced degree in nursing. Her education is partially funded, so she is continuing her studies during this illness.

It is 1:00 P.M., and Susie has again arrived at the clinic for chemotherapy. She has her blood drawn and tells you, her primary nurse, that she is "fine" but feels "a little more tired than usual." When the white blood cell count is reported as 1/cu mm, Susie bursts into tears. You support her by touching her arm while she cries and encourage her to talk more about it. Susie states that the white blood count means "everything will be off schedule." She then explains, "Well, I feel so sick the week of chemotherapy and then I have a good week. Now I'll have chemotherapy the week of Christmas for John. He's 5, and I don't know how I'll be feeling next Christmas." You respond with this supportive and accepting statement: "I know how very difficult it is for you right now." Susie nods and begins to cry again; you sit quietly then ask, "What else is causing those tears?" Susie responds, "Oh, I just don't know how to deal with this cancer and John. He's only 5 , and I love him so much. I'm afraid he'll see my scar. Oh, I just don't know how to handle all of this."

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Case 1- Susie

Learning theory in effect: Rogers, self actualization

Susie has met basic and advanced steps on Maslow's hierarchy of needs. Her history validates achievement of love, belonging and esteem. She is working toward further increasing her self-actualization through her pursuit of advanced education. She appears to have a high degree of internal motivation.

Learning needs:
1. Stress management-affective domain
2. Re-affirmation of worth-affective domain.
3. Time management-cognitive domain.
4. Growth and development patterns of five year olds.-cognitive.

Approach:
1. Encourage Susie to bring her family from the Midwest.
2. Encourage involvement of friends for concrete assistance as well as emotional support.
3. Encourage seeking support from her church or explore as an option.
4. If Susie is agreeable, a short-term course of crisis intervention as described by Aguilera for situational crisis.

CASE 2

Lisa is a 30 year-old woman who gave birth to an 8 pound 6 ounce boy 7 days ago. Her pregnancy and delivery were normal, and Phillip is a normal, healthy infant. She made her first visit at the alternate birth center in the eighth week of her pregnancy. She and her husband George found the center after careful research into the options for nonhospital deliveries.

Lisa and George have been married for 3 years. George is and attorney involved in a family practice. Lisa was an elementary school teacher until about 14 months ago. When she and George began discussing having a baby, Lisa decided that she wanted to become more involved as a homemaker before actually becoming a mother. Once she became pregnant, she began concentrating on her diet and exercise and seeking relationships with other childbearing women.

On one occasion at the center she stated: "I'm rather compulsive about everything I do. I know most women just have babies; that's not the way I am. I approach everything as a big project. I want to be economically, physically and socially ready for this baby."

Lisa has called and scheduled an urgent appointment. Upon arrival Lisa walks in carrying Phillip in a fancy woven basket. Her hair is well styled, and her clothes are neat and fashionable; however, her face is drawn, there are circles under her eyes and she looks as if she has been crying. You pull up a chair, ask her to sit and say, "You look lovely but exhausted. How can I help you?" Lisa bursts into tears. "Oh, I don't know, but you're the first person who has asked about me since Phillip was born. Nothing I do seems to be right; he never sleeps, and I am exhausted. George keeps saying 'you're the one with the degree in child development-take care of him'." I was so excited about being a mother. Nobody told me how helpless I'd feel. You say, "You know, Lisa, what you're feeling is a very typical response. No matter how prepared we are, babies are unpredictable and don't always respond as we expect they should. Let's see if we can discover exactly what would help you to feel more in control. What's the one thing you'd like to change right now in this situation that would relieve some of the discomfort you are feeling?" Lisa responds immediately, "I don't have to think about that! If he would sleep for 2 to 3 hours once or twice a day, I think I could cope. The only time he is quiet is when he's nursing.I really want to breast feed, but I can't sit up 24 hours a day. Do you think he's getting enough to eat? He doesn't seem like he's grown to me, but judging from the amount of time he's nursing he should weigh 25 pounds."

'Adapted from: Randall, Poush Tedrow, Van Landingham: Adaptation Nursing ©

THE APPENDIX CONTAINS COPYRIGHTED MATERIALS WHICH HAVE THEREFORE BEEN DELETED.

SEE:

Stanton, Marietta P. Teaching Patients: Some Basic Lessons for Nurse Educators. Nursing Management; v16 n10 p59-62 Oct 1985.

Creighton, Helen. Law for the Nurse Manager: Legal Implications of the DRGs. Nursing Management; v15 n7 p17-19 Jul 1984.

FORMAL TEACHING PLAN

LEARNER'S READINESS

Mrs. Smith is a forty year old woman with an acute allergic reaction to Poison Oak. She is seen in the physician's office. He has prescribed a course of oral steroids for her. During our assessment interview she expressed that she would have liked to know what to do for the rash and itching before she came to the doctor's office. She has never taken steroids before and revealed a negative ulcer history. Mrs. Smith leads an active lifestyle with hiking and outdoor activities as a priority. She stated she did not know how to recognize Poison Oak, or any of the other plants in that family.

LEARNING NEEDS IDENTIFIED: NURSING DIAGNOSES

1. Mrs. Smith has a knowledge deficit regarding the prescribed steroids.
2. Mrs. Smith has an impairment of her skin integrity related to Poison Oak.
3. Mrs. Smith has a knowledge deficit related to recognition of Poison Oak and the course her reaction is likely to follow.

BEHAVIORAL OBJECTIVES: SHORT TERM

1. At the end of this teaching session, Mrs. Smith will describe how she is to take her Prednisone.
2. At the end of this teaching session, Mrs. Smith will identify the actions she may use in the future to alleviate the pruritis of poison oak.
3. At the end of this session, Mrs. Smith will identify a picture of poison oak, poison ivy and poison sumac.
4. At the end of this teaching session, Mrs. Smith will restate the expected course of her reaction to poison oak.

BEHAVIORAL OBJECTIVES: LONG TERM

1. Mrs. Smith will report any untoward effects of Prednisone therapy to the physician for evaluation.during the course of therapy.
2. Mrs. Smith will carry a prescription cortisone cream with her when she is hiking in poison oak country.
3. Mrs. Smith will accept by her final follow-up visit that she needs to be cautious in her exposure to poison oak.

CONTENT	TEACHING ACTION
PREDNISONE	
1. A synthetic oral steroid. A steroid is a drug that acts as a powerful anti-inflamatory.	Session held in office; not exam room.
2. Side effects-In short term use, produces few but weight gain, elevated blood pressure, emotional lability and fatigue may occur. Gastric ulcers can also occur.	Approach as an equal partner in returning Mrs. Jones to her usual state of good health.
3. Take 10 mg (2-5mg tablets) in the morning & again in the evening 12 hours apart at the same time each day.	Write down the times and dosage for her. See that Dr.'s prescription is the same.
4. Call office when rash is improved so that the drug can be decreased gradually in the event that adrenal function is depressed. It is unknown how much Prednisone will cause depression of the adrenal cortex or how long it will last.	Stress importance of not stopping the drug until she has spoken with physician. Give her a business card with phone number.
5. Take with milk or food because it can be irritating to the gastric mucosa.	
SYMPTOMATIC RELIEF OF PRURITIS	
1. Over the counter, obtain Aveeno bath and Aveeno soap. Use twice a day for relief of itching.	This product is available at most drug stores.
2. Use Synalar cream, also twice a day after bathing. Use sparingly because cortisone cream can inhibit healing of the rash..	Hand her the prescription.
3. Avoid irritating the skin by rubbing or scratching.	
4. Avoid soap, alcohol or other irritants on inflamed skin.	
5. Avoid long, hot baths or showers. They are too drying.	
6. Take Benadryl 25mg. orally at night if you are unable to sleep due to itching.	Hand her the prescription and re-iterate the importance of not driving after taking it.
7. Do not drive after taking Benadryl, it can make you sleepy.	
8. Benadryl is an anti-histamine that helps control the itching by blocking the release of histamine that is released in an allergic reaction.	

CONTENT	TEACHING ACTION
POISON OAK: CAUSES & COURSE OF REACTION	
1. The severe rash of poison oak is caused by contact with Rhus Radicans. It is caused by contact with the oily resin on the leaves called Urushiol.	Show pictures of poison oak, ivy & sumac. Major identifying characteristic is cluster of three leaves.
2. This is the same substance found with poison ivy and poison sumac.	
3. It can be a potent sensitizer, producing increasingly severe allergic reactions with subsequent contacts.	Point out similarity between people allergic to Bee stings and poison oak.
4. Some people require hospitalization.	
5. The onset of symptoms can be from a few hours to several days.	
6. Blisters like yours occur, they ooze serum and over time crust over.	
7. Scratching can spread the rash over a wider area.	
8. There is no absolute immunity, but susceptibility varies within the individual.	Significant: next time could be more serious.
9. The symptoms may persist for 1-4 weeks, depending on the severity of the reaction.	
10. First Aid on the trail involves washing with soap and water and changing clothing.	Suggest carrying Aveeno soap and prescription cortisone cream when hiking in areas known to have poison oak.
11. Dress appropriately for hiking; eg: high boots, long pants tucked in and long sleeve shirts.	Ask how she feels she will deal with exposure in the future.

EVALUATION PLAN FOR SHORT TERM BEHAVIORAL OBJECTIVES

1. At the end of the teaching session, Ask Mrs. Smith to tell me how she will take her Prednisone and when she will call the physician.

To assess as a positive response Mrs. Smith will cover these Essential points in her discussion: 1. It must be taken at the same times every day.
2. She will call when rash is improved for further instructions.
3. She will call if she has any stomach upset or other s/s of side effects.

2. At the end of the teaching session, Ask Mrs. Smith to describe the efforts she can make to relieve her immediate s/s of itching and burning

Essential: 1. First Aid-wash with soap and water and change clothes.
2. Bathe with Aveeno.
3. Use cortisone cream sparingly as prescribed.

3. At the end of the teaching session, Ask Mrs. Smith to identify a picture of Poison Oak plant.

Essential: 1. Rcognizes the three leaf cluster.

4. At the end of the teaching session, Ask Mrs. Smith to describe the possible effects that future exposure to poison oak could have on her.system.

Essential: 1. More severe reactions are possible with future exposure.

EVALUATION PLAN FOR LONG TERM BEHAVIORAL OBJECTIVES

Evaluation will be considered to be positive if the following are indicated in writing or verbally.

1. At the final follow-up visit, Mrs. Smith will have finished her course of prednisone therapy and a record of her calls will be reflected in her chart. Validation will be obtained at the time of the visit.
2. At the next office visit, we will explore with Mrs. Smith whether or not she has obtained the recommended over the counter remedys to take with her on future hikes.
3. At the final follow up visit, Mrs. Smith verbalizes when questioned, that she has made the necessary lifestyle changes that indicate acceptance of her susceptibility to severe poison oak reactions. For example; dressing in long pants, long sleeve shirt and high top hiking boots to minimize exposure to poison oak.

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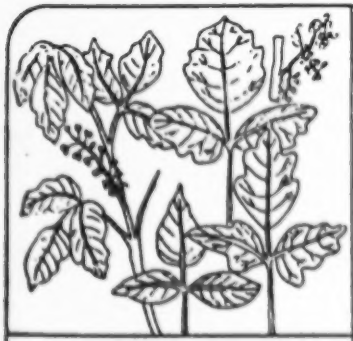
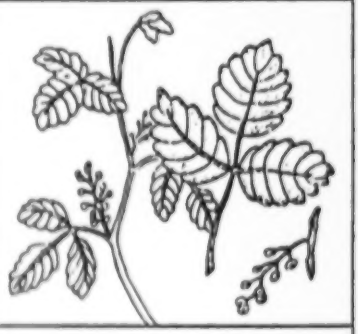


COMMON POISON IVY
(RHUS RADICANS)

- Grows as a small plant, a vine, and a shrub.
- Grows everywhere in the United States except California and parts of adjacent states. Eastern oak leaf poison ivy is one of its varieties.
- Leaves always consist of three glossy leaflets.
- Also known as three-leaf ivy, poison creeper, climbing sumac, poison oak, markweed, picry, and mercury.

WESTERN POISON OAK
(RHUS DIVERSILOBA)

- Grows in shrub and sometimes vine form.
- Grows in California and parts of adjacent states.
- Sometimes called poison ivy, or yeara.
- Leaves always consist of three leaflets.



POISON SUMAC
(RHUS VERNIX)

- Grows as a woody shrub or small tree from 5 to 25 feet tall.
- Grows in most of eastern third of United States.
- Also known as swamp sumac, poison elder, poison ash, poison dogwood, and thunderwood.

Fig. 43

3. Continue washing all contaminated skin with soap and water for at least 5 minutes.
4. Keep the victim's airway open. Give artificial respiration if indicated. Do not leave the victim alone.

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EVALUATION OF THE TEACHING PROCESS

The teaching session took place in a comfortable office with few time constraints interfering with the interaction between Mrs. Smith and myself. She sat across from me. I did not sit at the desk, but in a chair to encourage dialogue. We agreed at the begining of the session on what we would talk about. She sat attentively and smiled and nodded her head at times. She was able to meet the outcome critieria and was able to answer correctly the questions I asked her at the end of the session. Throughout the session, she asked appropriate questions and for clarifications.

The only thing I would add to my teaching plan is where poison oak is found.

I feel that our teaching session went very well and I feel comfortable that she will call the office if she has any questions.

ERIC CLEARINGHOUSE
FOR JUNIOR COLLEGES
FEB 28 1986